TOWN OF DAVIE

OCCUPATIONAL
LICENSE DIVISION

6591 SW 45 ST
DAVIE, FL 33314
(954) 797-1112

PEDDLER / SOLICITOR/ SEASONAL SALES APPLICATION

DATE 4/18/00 FILING FEE exempt RECEIPT # 642800 RECEIVED BY SS

License # _____ Control # _____ Date Issued _____

APPLICANTS NAME: Davie Merchants + Industrial Assn. Inc. Edna Moore (Sect + Director)

ADDRESS: 4420 SW 64 Ave, Davie, FL 33314

PHONE NUMBER: Edna 792-5932, Jo 5830011 Fax 5831448

LOCATION SITE: 2701 N University Dr. Davie FL 33024
SE Corner Davie Rd. Ext + University Drive (AKA Atlas Properties)

HOW LONG DO YOU DESIRE TO DO BUSINESS IN THE TOWN OF DAVIE: June 20 thru July 4

DESCRIBE THE NATURE OF YOUR BUSINESS/GOODS TO BE SOLD: Legal Fireworks (sparklers) under canopy

PERSONAL INFORMATION: Date of Birth 7/23/22 Birth Place Guntersville, Ala. Race W
Sex F Hair Dk Auburn Eyes Blue Weight 160 Height 5'5" Age 77
Social Security Number Driver License Number

LIST ANY CHANGES OF ADDRESS WITHIN THE PAST FIVE YEARS: None

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE?, IF YES, STATE NATURE OF OFFENSE AND THE PUNISHMENT OF PENALTY ASSESSED NO

NAME OF PRESENT EMPLOYER AND ADDRESS: self employed
Lic Real Estate Broker + Owner - Blue Chip Properties

VEHICLE INFORMATION: VIN # 1NXBR18E9WZ013489 Year 1998
Tag # FE854H Make 4d. Toyota Model Corolla (white)

The following are required at the time of application:

[ ] Health Department Permit
[X] Fingerprints
[X] Surety Bond of $1,000.00
[X] Proof of Sales Tax Number
[X] Property Owners Approval
[X] $50.00 Clean Up Bond
[X] Proof of Portable Toilet
[X] Parking available
[X] Certificate of Insurance no less than $1,000,000.00
[X] References from two Broward County Property Owners
[X] 2"x 2" Photograph (taken 60 days prior to application)
X state license
X letter for waiver of fees.

I acknowledge that the above marked attachements are required for submission of this application. I have received a copy of section 17 of the Town of Davie Code and acknowledge the restrictions of same.

Edna Moore, Secretary + Director
Print Applicant's Name And Title

Edna Moore
Applicant's Signature

Planning & Zoning Approval _____ Date

Police Department Approval _____ Date

Fire Department Approval _____ Date

Code Enforcement Approval _____ Date

Town Clerk/Council Approval _____ Date
(Town Council Approval Needed for Seasonal Sales)

Effective Date 09/97